



STATE OF NEVADA  
OFFICE OF THE STATE TREASURER  
**NEVADA PREPAID TUITION PROGRAM**

**CHANGE OF DESIGNATED BENEFICIARY** – Cannot be requested if any contract benefits have been used OR if the new beneficiary is more than 3 years older than the current beneficiary. Please see Master Agreement for complete list of requirements.

PURCHASER'S NAME: \_\_\_\_\_

CONTRACT NUMBER: \_\_\_\_\_

ORIGINAL BENEFICIARY: \_\_\_\_\_

PROJECTED COLLEGE ENROLLMENT YEAR: \_\_\_\_\_

☐ **CHECK THIS BOX TO CERTIFY THAT THE NEW BENEFICIARY IS A FAMILY MEMBER, PER THE CRITERIA AS SPECIFIED IN THE MASTER AGREEMENT.**

**THE FOLLOWING INFORMATION IS REQUESTED FOR THE NEW BENEFICIARY:**

NEW BENEFICIARY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ SSN: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PROJECTED COLLEGE ENROLLMENT YEAR: \_\_\_\_\_ SEX: ☐ MALE ☐ FEMALE

**TO AUTHORIZE THIS CHANGE OF BENEFICIARY, PLEASE SIGN THIS COMPLETED FORM IN THE PRESENCE OF A NOTARY.**

\_\_\_\_\_  
Purchaser's Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me

this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_

by \_\_\_\_\_

**PLEASE SEND THE COMPLETED FORM (ORIGINAL) AND THE \$20.00 CHANGE OF BENEFICIARY FEE TO THE FOLLOWING ADDRESS:**

555 E. Washington Ave.  
Suite 4600  
Las Vegas, NV 89101-1075



(888) 477-2667 Toll Free  
(702) 486-2025 Telephone  
(702) 486-3246 Fax

Email Address: [PrepaidTuition@nevadatreasurer.gov](mailto:PrepaidTuition@nevadatreasurer.gov)